

SEPARATE, UNEQUAL AND OVERLOOKED

AMID AN OPIOID EPIDEMIC OFTEN SEEN AS RURAL AND WHITE, BLACK AMERICANS IN CITIES LIKE CHICAGO HAVE BEEN STRUGGLING AND DYING FOR DECADES.

BY JOSEPH P. WILLIAMS SENIOR EDITOR, U.S. NEWS AND WORLD REPORT

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CHICAGO – As best as he can recall, the first time Daniel James used heroin was in 2009 or 2010, when he was in his late 30s. It was shortly after he'd been released from prison for the second or third time, resettling not far from West Garfield Park, the hardscrabble neighborhood where he grew up.

A high school dropout scraping by as a part-time forklift operator, James was partial to smoking pot or sniffing cocaine in his free time, hoping to numb a lifetime of pain. He'd been sexually abused by his father, who later killed himself, and his unstable mother soothed her demons with crack cocaine. There was rejection, depression and almost as many years spent incarcerated as on the outside.

In West Garfield Park, a once vibrant African-American community crippled in the violence and destruction unleashed after Martin Luther King Jr. was assassinated in 1968, opportunities to get a quality education, a decent-paying job or away for good are rarer than hen's teeth. Mind-altering substances, however – from booze to the harder, illegal stuff that can instantly replace misery with euphoria – are as common as the boarded-up businesses along nearby West Chicago Avenue.

Though he'd come to buy marijuana that day, James' weed dealer handed him three small packets of white powder, on the house. Check out the heroin, he said; if you like it, come back.

"I snorted it thinking it would be like cocaine," says James, now in his late 40s, a compact, heavysset African-American man with a neatly trimmed mustache, modest horn-rimmed glasses and wide, gap-toothed smile. "And then just this warmth came over my whole body. I was in my house just chilling for two or three days. I thought, 'Hey, man, this is really cool.'"

"I went back and I bought some."

When he inhaled those first grams of powder, a choice that eventually brought him to the brink of death, James became part of a separate and unequal epidemic, one rooted in decades of communal decay, neglect and suffering – the bitter residue of the nation's ugly racial history.



Daniel James grew up in West Garfield Park and first tried heroin a decade ago. Today, he works as an unpaid manager for a recovery home where he lives, and picks up construction jobs for cash. While he's been clean for about a year, he says staying that way is tough.

For the past several years, American attention has been fixated on fighting opioid overdoses in largely white towns, where reports of climbing fatality rates have struck like a thunderbolt, revealing communities in economic and social distress. Opioid abuse there, [the narrative goes](#), stems from economic instability and an explosion in prescriptions for pills like OxyContin – a powerful analgesic that morphed from pain reliever to addictive street drug, a gateway to hardcore heroin use.

Yet population health analysts, academics and on-the-ground specialists say heroin and its related plagues of crime and death have stalked African-American neighborhoods for decades, garnering little to no attention. And when the government has bothered to address it in cities like [Chicago](#), critics say, it's usually through police crackdowns on users and dealers rather than increased access to intervention, drug treatment or badly needed economic aid.

The disparities in attention, resources and long-term strategies have led to a tale of two opioid crises. One is white, a malady of medical and mental health, and worthy of a White House-level task force. The other is black, criminal and largely ignored, even as statistics show black opioid users are dying at a skyrocketing pace.

An Overlooked Epidemic

As the country has sounded the alarm and searched for solutions in places like [Parkersburg, West Virginia](#); [Chillicothe, Ohio](#); and [Burlington, Vermont](#), the opioid epidemic went relatively unnoticed in poor communities with large minority populations like West Garfield Park, East Baltimore and the Southeast quadrant of Washington, D.C.

"The opioid epidemic has largely been portrayed as a problem affecting young whites in suburban and rural areas," says the Chicago Urban League [report](#) "Whitewashed: The African American Opioid Epidemic," released in late 2017. "In [Illinois](#), the Midwest, and indeed much of the United States, this is a wholly inaccurate depiction."

Numbers tell part of the story: A [U.S. News analysis](#) using Centers for Disease Control and Prevention data found the age-adjusted rate of fatal opioid-related overdoses among blacks in America averaged 3.7 deaths per 100,000 population between 2005 and 2013, far below the 7.6 average rate for whites during that time. Yet between 2014 and 2017, the fatal overdose rate among blacks rose by 130 percent, more than twice the 61.5 percent surge for whites over that period.

Moreover, the number of black overdose victims in urban areas soared in recent years – from roughly 5 deaths per 100,000 in 2012 to about 17 in 2017, according to a similar analysis of federal statistics.



A cross rests against a mural in West Garfield Park. In 2017, Chicago saw 670 homicides, while 796 people died from an opioid-related overdose – about 400 of them were black, and about 290 were white.

Meanwhile, fentanyl – a synthetic drug used medically to aid people in pain, like cancer patients – has raised the stakes for black and white heroin users alike. The potent substance, cheaper than heroin and often added by dealers or distributors to cut the drug, has transformed opioid addiction and drug abuse in general into a game of Russian roulette. Users often won't know if the smack they purchased has a lethal fentanyl-to-heroin ratio until they ingest it, and by then it could be too late. It's also showing up in drugs like [cocaine](#) and [methamphetamine](#).

James, from West Garfield Park, has "died" himself at least once: He says he snorted fentanyl-laced heroin, blacked out on the street and came to life inside an ambulance after a paramedic gave him a dose of a rescue drug, probably naloxone.

Two hours later, James says, he bolted from the emergency room against his doctor's advice.

"I had to go get more heroin," he says.

Roots

To Kathie Kane-Willis, co-author of the Urban League report, the opioid crisis in black America is a pestilence hidden in plain sight, mostly because the country ignores places like the West Side of Chicago.

Driving her red Honda Fit around the epicenters of Chicago's opioid crisis, the petite, silver-haired researcher – friendly and open, a former heroin user who still lives on the West Side – ticks off the obvious signs.

Block after block of abandoned houses marked by the city with a big red X, likely shelters for drug-using squatters. Empty heroin baggies littering a pond in the heart of Garfield Park, an urban green space honoring the nation's 20th president. Unusual traffic on otherwise quiet city streets, with cars coming and going at all hours. Young drug dealers – "corner boys" – loitering in battered areas like the intersection of South Albany Avenue and West Madison Street, the adjacent edge of a vacant lot strewn with garbage.

A day before on the same block, a pair of young men in black parkas – one sipping a tall can of beer at 2 p.m., his hood pulled low – stood idly on the sidewalk in biting cold weather. Amid snow flurries and a stiff breeze, a series of cars drove up, stopped for a few minutes in front of the pair, then pulled away.



Kathie Kane-Willis, director of policy and advocacy for the Chicago Urban League, says the roots of the opioid crisis in urban black America are complex, and stretch back decades.

President Donald Trump has [used Chicago](#) as shorthand for a scourge of urban gun violence, but data show the drugs peddled on Windy City streets proved far deadlier in 2017. Chicago that year saw [670 homicides](#), while 796 people died from an opioid-related overdose – about 400 of them were black, and about 290 were white. The overdose death rate increased by 18 percent for whites and 11 percent for blacks, [city statistics show](#), yet remained highest among blacks in the city.

Experts say the death figures are out of proportion, given that blacks and whites make up roughly equal percentages of Chicago's population. Yet "the federal government's response to the opioid epidemic has lacked much, if any, focus on how African Americans are impacted," according to the Chicago Urban League report.

In its [final report](#), the President's Commission on Combating Drug Addiction and the Opioid Crisis briefly noted demographic statistics that may point to reasons for the disparity, while also citing a study showing a lower prevalence of opioid use disorder among blacks in past years. As summarized by the Chicago Urban League analysis: "The majority of black Americans with opioid use disorders fall in the lowest income bracket, rarely receive treatment, utilize public insurance programs like Medicare and Medicaid, and primarily live in metropolitan areas."

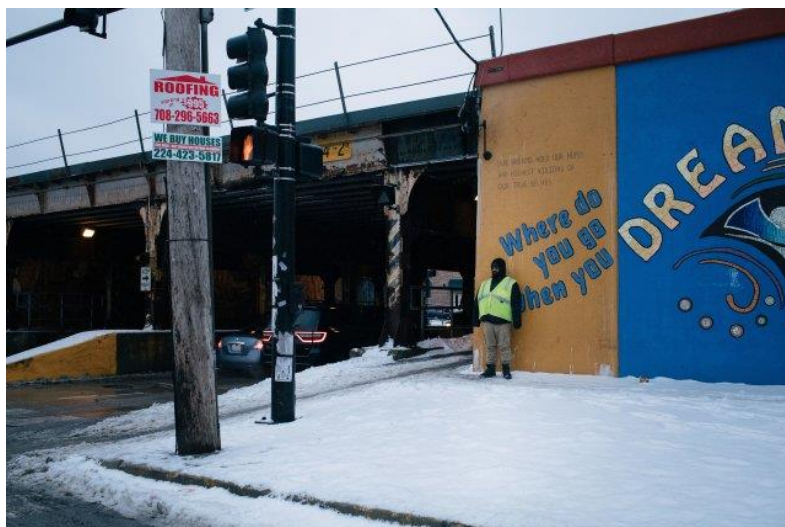
While heroin laced with fentanyl is the chief suspect in the latest phase of America's opioid crisis, Kane-Willis says the roots of the problem in urban black America stretch back decades and are far more complex.

In Chicago, it mostly begins and ends with the city's turbulent history, she says – a past featuring decades of bigoted white civic leaders openly hostile to African-Americans who'd fled the Jim Crow South in the early 20th century. The Windy City's famed political machine, Kane-Willis says, balked at improving substandard housing and schools in black neighborhoods. It also ignored blatant real estate discrimination and did nothing when whites fled to the suburbs after neighborhoods like West Garfield Park began to integrate.

When violent unrest swept through American cities after King's assassination in 1968, Chicago was among the hardest hit. Once the smoke cleared, [demolition and disinvestment](#) trumped reinvestment and reconstruction. West Side factories relocated to Dixie, burned-out homes were razed and never rebuilt, and drugs – including heroin – flowed in along with crime and decay. As long as the users were black, Kane-Willis says, the city preferred punishment to rehabilitation.

"When you're talking about the drug market, you're talking about the intersection of all of those things," says Kane-Willis, steering the Honda past gaping, empty lots – open wounds from the chaos of 1968 that lie like missing teeth between tidy row homes and apartment buildings.

"There used to be tons of jobs here," she says. "That's something that you hear now: 'Oh, the opioid epidemic is because of loss of jobs to China.' But in Chicago, manufacturing jobs moved to the South first."



A Safe Passage representative – part of a program designed to give students safe routes to and from school – stands near Green Line tracks for the L train on Chicago's West Side.

And where neglect and despair exist, Kane-Willis says, drugs almost always fill the vacuum, triggering a vicious cycle in the 'hood: Dealers peddle heroin to earn a living. Destitute users turn to crime to finance their habit. Police lock up everyone they can catch. And the revolving door of the criminal justice system sends dealers – unemployable because of a prison record – and users who weren't treated for addiction back to the streets.

"You've got the perfect combination," says Kane-Willis, pulling to the curb on Lake Street, concluding the tour. "An area that nobody cares about and a population that's willing to (commit crime) because they want to earn the money or there are no other opportunities available to them, and society views them as disposable and expendable."

Help Wanted

At Haymarket Center, a rehabilitation and treatment center in downtown Chicago, an impromptu roundtable discussion convenes in Heartland Alliance Health's James West Clinic, tucked inside the facility. A half-dozen addiction and recovery experts gather to discuss the disparities between the black and white opioid epidemics.

Holding the floor, addiction counselor Tony Strong says in his view, there isn't much difference between the epidemic gripping Appalachia and the one hammering his city's West Side. Both black and white users are in pain, he says, and in his line of work, "help is help."

In West Garfield Park, he says, the crises intersect.

"I live there, and there is also a large number of homeless Caucasians" from outside the area who are addicted to heroin, says Strong, a tall man with a piercing, no-nonsense demeanor and dreadlocks woven into thick twin braids down to his neck. They came to the 'hood to buy drugs, he says, but addiction's inevitable price – job loss, disavowal by loved ones, vagrancy, poverty – forced them to stay.

"It's not a black or white thing," he says. "It's a poor thing at that point."

Dr. Elizabeth Salisbury-Afshar, a physician, researcher and addiction specialist, adds an important caveat: The path to rehab for black opioid victims almost always goes through prison.

"We deal with a lot of people who are in incarceration" says Salisbury-Afshar. She sees patients part time in a rented office at Haymarket, but is also director of the [Center for Multi-System Solutions to the Opioid Epidemic](#) at the Washington-based American Institutes for Research. "And I honestly feel it's super lucky if they even can make it here" to treatment.

A youthful clinician passionate about her work, Salisbury-Afshar says opioid victims face long odds in getting treatment, mostly because medical care and rehab programs are lacking in places like West Garfield Park. Meanwhile, she says, police and city leaders see drug users as moral failures, not victims of a problem that has plagued their community for generations.



Dr. Elizabeth Salisbury-Afshar says drug users too often are seen as moral failures, not victims of a problem that has plagued a community for generations.

Indeed, as fentanyl has increasingly appeared in heroin supplies, [blacks and adults 65 and over](#) saw the largest percent-change increases in opioid-involved overdose death rates from 2016 to 2017, according to a December report from the CDC. The rate for blacks jumped by 25.2 percent, while the rate for older Americans surged by 17.2 percent.

Salisbury-Afshar points out other hurdles: Medicaid or private insurance doesn't always cover the full scope of expensive inpatient drug rehabilitation and treatment; patients who have criminal records struggle to find jobs and supportive family; and recovery from addiction can sometimes take years. Strong says he went through treatment 13 times over several decades before he truly kicked his addiction.

Salisbury-Afshar says the situation – helping a patient get into a program, navigate insurance bureaucracies and commit to rehab – can be so tenuous she often sends up a silent prayer.

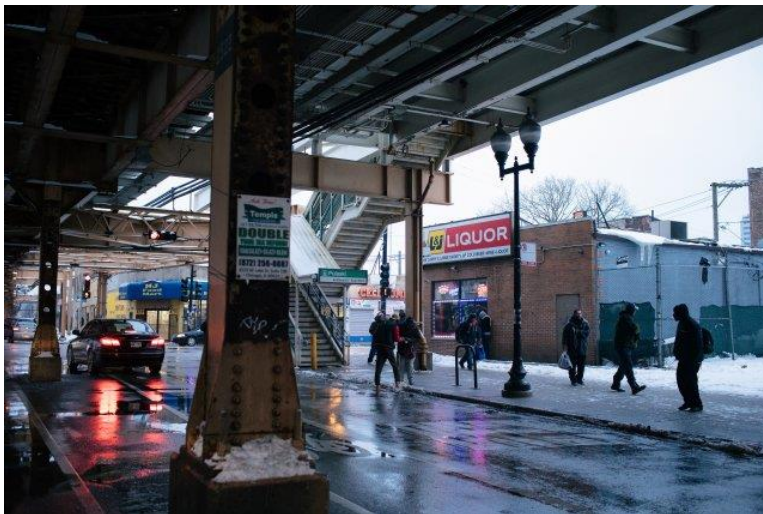
"I say, 'Oh, please, can we at least make sure they have a couple months of time here?'" she says. "Because I know if they end up back out on the streets after the first month, it's a setup for failure" – meaning relapse and probably another trip back to prison.

"We say a lot of times that addiction is a medical condition, addiction is a disease," says Salisbury-Afshar. But in places like West Garfield Park, "we continue to incarcerate people for it."

Dr. Evan Lyon, a physician and the chief integrated health officer at Heartland Alliance, a Chicago-based nonprofit that aids the poor, says politicians aren't seeing the big picture. Drug addiction in general, he says, is "a symptom of a much larger root cause," specifically people and communities grappling with decades of unaddressed trauma.

When authorities use data-generated, shaded maps of the city to track hot spots of crime and poor public health, he says, the problems always overlap. The maps, Lyon says, "are dark on the (black and poor) South Side, and they're dark on the West Side – education levels, premature births, low birth weights, early pregnancy, violence."

For the opioid crisis, he says, "you could take the same maps and just put different labels on."



Pedestrians pass under tracks for the L train in West Garfield Park.

Ultimately, the group at Haymarket Center concludes, an ideal plan to break heroin's grip on the West Side of Chicago would involve a broad combination of initiatives, ranging from [harm reduction](#) to sustained investments in schools, housing and quality job-training programs, addressing the factors that cause drug use to proliferate. None of them expect that kind of help to arrive any time soon.

Until then, they'll do what they can, distributing lifesaving drugs like [naloxone](#) and working the system to get care to users who want to stop – like Daniel James.

After several years of addiction, prison and at least one round of rehabilitation and relapse, James' rock-bottom moment came a little over a year ago, not long after his near-fatal overdose. Homeless and hungry during the brutal Chicago winter, he stumbled past a shelter where a stranger staying there offered him something to eat.

The simple favor, he says, led to an epiphany: Kick heroin – now – or die.

While he's been clean for about a year, James says, staying that way is tough. A steady job has been elusive, temptation is perpetual and optimism can feel like a chore – much like daily life can be in West Garfield Park.

"The way this shit is so set up, it makes us look like we're at fault for these circumstances," he says, his rumbling baritone voice breaking, a tear spilling down his cheek. "I have a community that's already suffering."

Insisting that community just say no to an illegal drug that can ease the suffering, James says, "is like telling a chicken, 'Well, just fly.'"